Shining a torch on the relationship between health and community – an example from Burkina Faso

Whilst visiting friends in Burkina Faso, West Africa, I met Lynne Smith from Scotland. Lynne is qualified as a dentist and keeps up her continuing professional development when she returns to the UK, but her main home is in the town of Kaya, some 60 miles north of Burkina's capital city of Ouagadougou. Amongst a range of initiatives, Lynne's dental project highlights some themes that are relevant to innovation in healthcare in the UK.

Identify and prioritise need. Burkina has 60 indigenous languages and is ranked in the poorest decile of nations on a variety of indicators. The project target was initially Sanmatenga province, which has one dentist for a population of 600,000 people. This critical shortfall is due in part to the long and expensive training pathway, which usually results in graduates opening a private practice in the capital. The government has tried to alleviate this problem by starting dental training pathways for qualified nurses but again, the cost and time (4 years to specialise) is prohibitive. This is why Lynne is now rolling out the project in Oudalan.

Oudalan is half the size of Wales, has a population of 200, 000 and is one of the least developed provinces in the country - the communications infrastructure is fragmentary, education and healthcare provision is emerging and the lifestyle is commonly at a subsistence level. Security is compromised by the porous border with Mali, currently experiencing a civil war, and from where it is believed that the jihadist terrorists came recently to take Dr Ken Elliott and his wife hostage. Knowledge about oral care is limited, the diet contains little fruit or fresh vegetables and few people own a toothbrush. There are no dentists in Oudalan, so living with chronic dental pain is a common experience. In this context, many Western treatments seem like cosmetic luxuries and the project is focused on offering a free, unconditional tooth extraction service to the people who cannot afford to pay.

Harness Social Capital. The dental project has been formed as part of the work of the APT charity, by drawing together a variety of resources to meet a unique blend of needs and hopefully achieve sustainability. The training course for Dental Assistants was devised by the Sunnymead Trust, the Chief Medical Officer has welcomed this initiative, and the project works in collaboration with the local community health services by inviting their staff to attend village clinics to expand their knowledge of dental pathology. Funding and equipment has been provided by the Christian Dental Fellowship, the dental charity Dentaid, the Exeter section of the British Dental Association and The Rotary Club. Visiting dentists have augmented Lynne's teaching and practice supervision, and local churches have encouraged and supported the Dental Assistants, ensuring that the project forms an integral part of the relationship between the churches and the community.

Without this web of social capital it is unlikely that the project would survive. In particular, the Dental Assistants will do better if they themselves are connected to a supportive group of citizens who have strong relationships with one another, concern for each other's welfare and a relentless determination to serve the wider community.

Select and train volunteers. Two volunteers from Sanmatenga province were recruited in October 2014 and another one in October 2015. A new cohort of three volunteers from Oudalan province was recruited in January 2016. Each volunteer enters a three year programme of training and

supervised practice provided by Lynne. By the end of the three years, they will be able to administer local anaesthetic and extract rotten teeth, working together in groups under the supervision of the local church. The church leader will accompany them to the villages, ensuring that the values, goals and context of the project are maintained.

Several of the recruits have no more than primary school education, so the selection process has sought out the apt learners, rather than relying too much on documented ability. But at the heart of the selection process is a search for people who have respect and compassion for the people they will be treating; people who look beyond tribal stereotypes, who recognise the dignity of the poorest, who engage gently and sensitively with those who are nomadic and illiterate. The volunteers come from three different tribal groups and speak multiple languages, so communication is not generally a problem, but the work does break through cultural barriers as Mossi treat Fulani or Fulani treat Bella.

The dental project offers a free service – it is for those who have no other source of help. Volunteers offer one day per week and so have time enough to engage in other activities that will generate income for themselves and their families. The Dental Assistants will not be licensed to operate outside the project, so there is no risk of them leaving the project to open a private clinic. The equipment and project oversight will be transferred to the local church in collaboration with APT. This embeds the project within church communities where unconditional generosity to the wider community is a core value.

Conclusion. This project has faced some key issues that need to be addressed the world over in relation to the future of public health. A clear decision has been made about what can be provided. It targets, rather than neglects, the most marginalised. Values-based recruitment finds the right people with unlikely qualifications and trains them for innovative roles. They are supported and held to account within networks of social capital that span the traditional divide between health professionals and informal communities. Health is reframed into a wider discourse about life's purpose and how we get along together.

Peter Bates, 9 February 2016.